## BEST AVAILABLE COPY

| PATENT APPLIC | CATION | FEE | DET | ERMINA | TION | RECORD |
|---------------|--------|-----|-----|--------|------|--------|
|               |        | _   | _   |        |      |        |

Application or Docket Number

| Effective December 8, 2004       |   |   |   |                                  |  |                  | 10                  | 101240400              |              |                     |                        |
|----------------------------------|---|---|---|----------------------------------|--|------------------|---------------------|------------------------|--------------|---------------------|------------------------|
|                                  |   | CLAIMS A  | AS FILED -<br>(Colum  |                                  | •  | (Column 2)       | SMALL EN<br>TYPE    | TITY                   | OR           | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES         |   |   |   |                                  |  | RATE             | FEE                 | 7                      | RATE         | FEE                 |                        |
| BAS                              | SASIC FEE SMALL ENT. = \$ 150 LARGE ENT. = \$ 300 |   |   |                                  | GE ENT. = \$ 300   | BASIC FEE        |                     | OR                     | BASIC FEE    | 300                 |                        |
| EXAMINATION FEE                  |   |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100               |                                  | \$ 100 / \$ 200  |                  | EXAM. FEE           |                        |              | EXAM. FEE           | 288                    |
| SEARCH FEE                       |   |   | All other situations (ie. No<br>Search Rpt.)<br>= \$ 250 / \$ 500 |                                  | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                  | SEARCH FEE          |                        |              | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.         |   |   | minus 100 =   |                                  | / 50 =   |                  | X \$ 125 =          |                        | 1            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS          |   |   | /6 mir  | /6 minus 20 = *                  |  |                  | X \$ 25 =           |                        | OR           | X \$ 50 =           | <b> </b>               |
| INDEPENDENT CLAIMS / minus 3 = * |   |   |   |                                  | X \$ 100 =   |                  | OR                  | X \$ 200 =             | <del> </del> |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |   |   |   |                                  | + \$ 180 =   |                  | OR                  | + \$ 360 =             | <u> </u>     |                     |                        |
| * If                             | the difference                                    | in column 1 is  | less than zero  | , enter "(                       | o" in, co  | olumn 2          | TOTAL               |                        | OR           | TOTAL               | 900                    |
|                                  | ſ   | (Column 1)  | AMENDED   | (Colur<br>HIGH                   | nn 2)<br>EST   | (Column 3)       | SMALL E             |                        | OR           | OTHER<br>SMALL E    | NTITY                  |
| AMENDMENT A                      |   | REMAINING<br>AFTER<br>AMENDMENT   |   | PREVIO<br>PAID                   | DUSLY  | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                  | Total   | *   | Minus   | **                               |  | =                | X \$ 25 =           |                        | OR           | X \$ 50 =           |                        |
|                                  | Independent                                       | *   | Minus   | ***                              |  | =                | X \$ 100 =          |                        | OR           | X \$ 200 =          |                        |
|                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    |   |   |                                  |  |                  | + \$ 180 =          |                        | OR           | + \$ 360 =          |                        |
|                                  |   |   |   |                                  |  |                  | TOTAL ADDIT.<br>FFF |                        | OR           | TOTAL ADDIT.<br>FFF | ·                      |
|                                  |   | (Column 1)  |   | (Colun                           | nn 2)  | (Column 3)       |                     |                        |              |                     |                        |
| INT B                            |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGH<br>NUME<br>PREVIC<br>PAID I | BER<br>USLY  | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDME                          | Total   | *   | Minus   | **                               |  | =                | ·X \$ 25 =          |                        | OR           | X \$ 50 =           |                        |
| AME                              | Independent                                       | *   | Minus   | ***                              |  | =                | X \$ 100 =          |                        | OR           | X \$ 200 =          |                        |
|                                  | FIRST PRES  | ENTATION OF M   | ULTIPLE DEPE  | NDENT C                          | CLAIM  |                  | + \$ 180 =          |                        | OR           | + \$ 360 =          |                        |
|                                  |   |   |   |                                  |  |                  | TOTAL ADDIT.        |                        | OR           | TOTAL ADDIT.        |                        |
| **                               | If the "Highest Nu<br>If the "Highest Nu          | umn 1 is less than the<br>umber Previously Pai<br>umber Previously Paid<br>nber Previously Paid | d For" IN THIS SP.  | ACE is less                      | than '20<br>than '3'   | 0'. enter "20"   | the appropriate box | in column 1.           |              |                     |                        |